

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

Name of Candidate Mary Anne Stevens
Address P.O. Box 38 - West, MS 39192 County Holmes
Telephone (Work) 601-906-6801 (Home) 662-967-2413 (Fax) _____
Contact Name Same Email Address _____
Office Sought House of Representatives Political Party Dem

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
✓ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>1750.00</u> + \$	\$ <u>1750.00</u>	\$ <u>1750.00</u>
Total amount of disbursements \$	+ \$ <u>1272</u>	\$ <u>1272</u>	\$ <u>1272</u>
Total amount of cash on hand \$		<u>1304.00</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mary Anne Stevens
(Signature of Candidate)

Jan 29, 09
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 29 2009

Secretary of State
Capitol Office

Name of Candidate or Committee Theresa Anne SteneckReporting period 12-31-08 through 12-31-08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Delta Electric Power Assoc.</u>	<u>2/1/08</u>	\$ <u>1400.00</u>
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code _____	____/____/____	\$ _____
Name of Employer (Required) <u>Ronnie Robertson</u>	____/____/____	\$ _____
Occupation (Required) <u>President</u>	Aggregate year-to-date	\$ _____
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Asha Zenecca</u>	<u>7/29/08</u>	\$ <u>350.00</u>
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code _____	____/____/____	\$ _____
Name of Employer (Required) <u>A Business Unit of Zenecca, Inc.</u>	____/____/____	\$ _____
Occupation (Required) <u>Assoc. Dir State Gov Affairs</u>	Aggregate year-to-date	\$ _____
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Health Care Services</u>	<u>7/29/08</u>	\$ <u>250.00</u>
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code _____	____/____/____	\$ _____
Name of Employer (Required) <u>P.O. Box 217</u>	____/____/____	\$ _____
Occupation (Required) <u>Jackson, MS 39205-0217</u>	Aggregate year-to-date	\$ _____
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Beth Clay</u>	<u>10/28/08</u>	\$ <u>500.00</u>
Mailing Address _____	____/____/____	\$ _____
City, State, Zip Code _____	____/____/____	\$ _____
Name of Employer (Required) <u>Online Branch, MS 38654</u>	____/____/____	\$ _____
Occupation (Required) <u>Jack Forbes</u>	Aggregate year-to-date	\$ _____
Occupation (Required) <u>Treasurer</u>	Aggregate year-to-date	\$ _____

Name of Candidate or Committee

Mary Anne SkeneReporting period 1-1-08through 12-31-08

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>12/17/08</u>	\$ <u>250.00</u>
Mailing Address <u>450 Laurel St</u>		<u> / / </u>	\$
City, State, Zip Code <u>Baton Rouge, La 70801</u>		<u> / / </u>	\$
Name of Employer (Required) <u>George H. Guidry, Jr. Esq</u>		<u> / / </u>	\$
Occupation (Required) <u>Regional Manager Car Affairs</u>	Aggregate year-to-date		\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date		\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date		\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date		\$

Name of Candidate or Committee

Mary Anne Stevens

Reporting period

1-1-08

through

12-31-08

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$